

IN PATIENT SUMMARY BILL

UHID : MHP202400583

IP No : IP2024001075

Patient name : Mrs.DHANA GEETHA. K

Age : 51 Y 0 M 18 D/Female

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401034

Bill Date : 12/05/2024

DOA : 10/5/2024 12:57PM

DOD :

Entity Type : Insurance

Entity Name : ADITHIYA BRILA INSURANCE

TPA : MEDIASSIST INDIA TPA PVT LTD

S.No	Description	Amount
1	BED CHARGES	₹ 4,950.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
3	LABORATORY	₹ 2,664.00
4	NURSING CHARGE	₹ 800.00
5	OTHER ADDITION	₹ 4,303.00
6	PHARMACY CHARGE	₹ 80,912.00
7	PROFESSIONAL TEAM FEES	₹ 3,300.00
8	RADIOLOGY	₹ 720.00

Gross Amount	₹ 98,399.00
Sanction Amount	₹ 97,353.00
Net Payable	₹ 98,399.00
Advance Amount	₹ 5,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 3,954.00

Received Amount in Words : Five Thousand Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/05/2024	MMH/MH/RECH20240170	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Sanction Amount
ADITHIYA BRILA INSURANCE	121586268	97,353.00